

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001401

1. Corporation Name

VENETIAN CAUSEWAY NEIGHBORHOOD ALLIANCE, INC.

Principal Place of Business

Mailing Address

25 W FLAGLER ST
STE 800
MIAMI FL 33130
US

1602 ALTON ROAD
#27
MAIMI BEACH FL 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0413703

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| 1VPD | CHITTY, ROBERT A | 130 W RIVO ALTO DR. | MAIMI BEACH FL 33139 |
| PD | BISNO, BARBARA | 1000 VENETIAN WAY, APT. 603 | MIAMI FL |
| T | GORDICH, HELEN M | 1000 VENETIAN WAY, APT. 2102 | MIAMI FL |
| SD | WARNER, REBECCA J | 801 N VENTIAN DR #1205 | MIAMI FL 33139 |
| SVPD | BALLOU JOHN BALLOU | 801 N VENETIAN DR PH D2 | MIAMI FL 33139 |

8. Name and Address of Current Registered Agent

REINSTATEMENT 20-01-78

CHITTY, ROBERT A
130 WEST RIVO ALTO DR
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

600004271816--7

Suite, Apt. #, Etc.

05/18/01-01090-024
****297.50 ****297.50

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/18/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Chitty

4/18/01

305 358 6329

Daytime Phone #

CR2E040 (8/00)